



## MEDICAL BOARD OF CALIFORNIA

### Licensing Program



### TIMELINE OF ACTIVITIES

**A complete timeline of activities from graduation of medical school to present is required.** Provide the Board with a written chronological description of all your professional and non-professional activities. Please include a detailed description of your duties and responsibilities for any externship, observership, or volunteer activity in California. Dates shall be reported in chronological order in month/year (mm/yyyy) format. *Please use as many forms as necessary to provide a complete timeline of activities.*

Type or Print Legibly

#### APPLICANT INFORMATION

<b>NAME:</b>		<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Date of Birth (mm/dd/yyyy)</b>		<b>U.S. Social Security Number</b>		<b>Medical School of Graduation</b>
___/___/___		XXX - XX - ___		

  

Start Date	End Date	Location (Provide Facility Name, Address, and Supervisor, if applicable)	Activities	MBC Use Only
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_